

# PRIVACY ACT RELEASE FORM

(PLEASE PRINT)

Date: \_\_\_\_\_

Case Issue: \_\_\_\_\_

## Section I – PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone #: \_\_\_\_\_  
(Home) (Other)

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email Address: \_\_\_\_\_

Household Income: *(Needed only if applying for programs such as VA Pension, SSI, etc.)*

\_\_\_\_\_

## Section II – IDENTIFICATION NUMBERS

Social Security #: \_\_\_\_\_ VA Claim #: \_\_\_\_\_  
*(Veterans Only)*

CSA/CSF #: \_\_\_\_\_ IVD #: \_\_\_\_\_  
*(OPM Only) (Child Support Only)*

Alien Red. #: \_\_\_\_\_ OWCP #: \_\_\_\_\_  
*(INS Only) (Workers' Comp Only)*

## Section III – INTERESTED PERSONS

Please provide the names of those individuals whom we may discuss your case with.  
This office can only discuss your case with the agency and yourself unless listed below  
*(ex: spouse's, attorney's, brothers, sisters, children, etc.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any other Member of Congress working on this matter? Y / N

**Section V- PLEASE PROVIDE AN EXPLANATION OF YOUR PROBLEM OR REQUEST AS WELL AS WHAT YOU ARE CURRENTLY ASKING CONGRESSMAN GUTHRIE TO AID YOU WITH.**

[illegible]

I authorize Congressman Brett Guthrie, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Congressman Brett Guthrie**  
**1001 Center Street, Office 300**  
**Bowling Green, KY 42101**  
**Phone: 270-842-9896 / Fax: 270-842-9081**